Name in Full: Alice J. Bair

CERTIFICATE OF DEATH

MARYLAND

468

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster — County: Carroll

Date of death 1904: Month: March — Day: 24 — Age: Years: 44 — Months — Days

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation:

Name of ~~Wife or~~ Husband: William A Bair

Father's Name: Jacob Zacharias — Father's Birthplace: Maryland

Mother's Maiden Name: Sarah Orndorff — Mother's Birthplace: Do

Name of person giving information: Wm A Bair — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cold — How long: one week

Immediate: Acute Pleurisy Hemoplumbe — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jas. H. Billingslea M. D

Address: Westminster Md.

Accident or Suicide? No —

LIBRARY BUREAU A99516

Thorsen

Hanover

Name in Full

Certificate of Death

Elsie Gertrude Baker

Died at Town: Hennyton County: Carroll MARYLAND

Date 1904 Month: Mar Day: 7 | Age Y.: 3 M.: 9 D.: — | Native of: McL | Occupation: ——

~~Male~~ / Female | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband / Wife of Child of [illegible]

Father's Name J. W. N. Baker Jr Mother's Maiden Name Carrie Gable

Cause of Death — Primary: Burned by fire How long sick 4 days

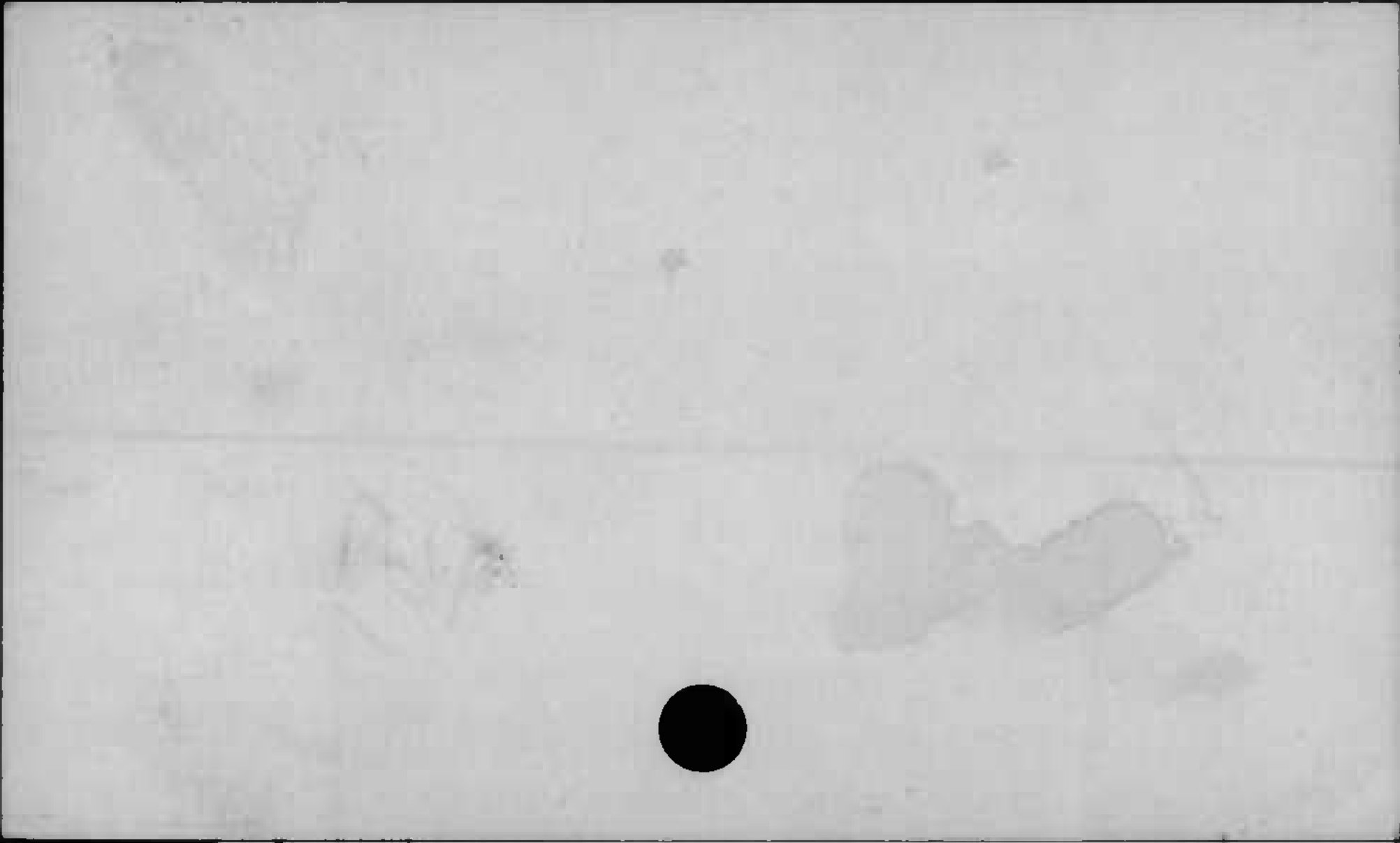
Immediate: Pneumonia Accident, Suicide, ~~Homicide~~

Reported by Daniel B. Strecher

Address Sykesville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full: Lenora E Baker

CERTIFICATE OF DEATH

MARYLAND

464

Died at: Town: Finksburg — County: Carroll

Date of death 1904: Month: March — Day: 23 — Age: Years: 68 — Months: — Days: .

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widow — Occupation: —

TO BE ANSWERED BY NEAREST FRIEND

Name of ~~Wife~~ Husband: William Baker

Father's Name: Dont Know — Father's Birthplace:

Mother's Maiden Name: Dont Know — Mother's Birthplace:

Name of person giving Information: Martha Whitmer — How related to deceased: Granddaughter

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart affection — How long: 6 months

Immediate: Dropsy — How long: " 4 "

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: S L Myers

Address: Finksburg Maryland

Accident or Suicide?

LIBRARY BUREAU A09510

Pittsville

Ball Ed

Name in Full: Webster F. Baltozer

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Manchester — County: Carroll

Date of death 1904 — Month: March — Day: 30 — Age — Years: 34 — Months: 4 — Days: 12

Sex: male — Color or Race: White — Birthplace: Md

Married, Single or Widowed: Married — Occupation: Cigarmaker

Name of Wife or Husband: Lena Althouse

Father's Name: Jacob P. Baltozer — Father's Birthplace: Pa.

Mother's Maiden Name: Sarah Etta Fuhrman — Mother's Birthplace: Md.

Name of person giving information: Jacob O. Baltozer — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Tuberculosis — How long: 9 months

Immediate — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. H. Sherman M.D.

Address: Manchester Md

Accident or Suicide?

LIBRARY BUREAU A88819

Name in Full: Charles O. Barnes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville; County: Carroll

Date of death: Month: Mar; Day: 13; Year: 1904

Age: Years: 32; Months: ; Days:

Sex: Male

Color or Race: White

Birthplace: Carroll Co.

Occupation: Butchers

Where Residing if not at place of death: Sykesville

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Joshua A Barnes

Father's Birthplace: Frederick Co. Md.

Mother's Maiden Name: Catharine Berry

Mother's Birthplace: Balto Co. Md.

Name of person giving information: Frank. M. Barnes

How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 5 Years

Immediate: Failure of Respiration — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Brecher

Address: Sykesville, Md.

Accident or Suicide?

LIBRARY BUREAU A33516

Name in Full: R. V. Beavin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death: 1904 — Month: 3 — Day: 27" — Age: Years: 83 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: R.R. Employee — Where Residing if not at place of death: —

Married, Single or Widowed — Name of Wife or Husband: —

Father's Name: — — Father's Birthplace: —

Mother's Maiden Name: — — Mother's Birthplace: —

Name of person giving Information: R. W. Beavin — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

154

CAUSES OF DEATH

Primary: Senility — How long:

Immediate: Exhaustion — How long: 3 wks.

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J Carey

Address: Sykesville Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A6861S

Name in Full

Certificate of Death

Guy Samuel Bixler

Town

Died at Ebvale

County

Carroll

MARYLAND

Date 1904 Month May Day 13

Age Y. 1 M. 10 D

Native of Md

Occupation

Male ~~Female~~

White ~~Colored~~

~~Married~~ Single

~~Widow~~ ~~Widower~~

~~Divorced~~

~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name George. C. Bixler

Mother's Name Irene Zepp

Cause of Death: Primary — Whooping Cough — How long sick

Immediate — Convulsions

Accident, Suicide, Homicide

Reported by John. D. Zeigler M D

Address Melrose Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Bige Bobley (Abijah)

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Uniontown — County: Carroll

Date of death 1904	Month	Day	Years	Months	Days
	March	25	Age 62	4	5

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed:

Occupation: Laborer

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name: Uniontown

Mother's Birthplace:

Name of person giving In formetion: Robert Cookson

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary:

How long: 1 Week

Immediete:

How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Kemp

Address: Uniontown Md

Accident or Suicide?

LIBRARY BUREAU A88316

H H Bankard & Co
Undertakers
Fern Windsor
Md

Name in Full

Certificate of Death

Abijah Boaley

Town: Urbantown County: Carroll

Died at Urbantown MARYLAND

Date 1904 Month Mch. Day 25 | Age Y. 62 M. D. | Native of Maryland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living 2

~~Wife~~ Husband of Alice Haines

Father's Name Dorit Kuns

Mother's Name Dorit Kuns

Cause of Death: Primary Acute Tubular Nephritis — How long sick

Immediate Uremia — ~~Accident, Suicide, Homicide~~

Reported by Luther Kemp

Address Urbantown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Margret Bowersox

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: New Windsor; County: Carroll

Date of death 1904: Month: March; Day: 24; Age: Years: 82; Months; Days

Sex: Female; Color or Race: White; Birth-place

Married, Single or Widowed: Maiden; Occupation

Name of Wife or Husband

Father's Name; Father's Birthplace

Mother's Maiden Name: Pipe creek Dunkard; Mother's Birthplace

Name of person giving In formation: Wm Hesson; How related to deceased

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary; How long: 2 Weeks

Immediate: old age; How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?: yes

Signature of Physician: Dr Geo Brown

Address: New Windsor md

Accident or Suicide?

LIBRARY BUREAU A88516

A. Bankard & Co

Undertakers

New Windsor

Md

Name in Full — Certificate of Death

John W Bull

Died at — Town: Alesia — County: Carroll — Md — MARYLAND

Date 1894 — Month: March — Day: 17 — Age: Y. 34 M. 8 D. 25 — Native of: America — Occupation: Farmer

Male / Female — White / Colored — Married / Single — Widow / Widower / Divorced — Number of children living

Husband / Wife of: Laura V Bull

Father's Name: Thomas Bull — Mother's Name: Mary Bull

Cause of Death — Primary: Tuberculosis — How long sick: Three years

Immediate: Heart failure — Accident, Suicide, Homicide

Reported by: J A Preston M D

Address: Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. J. A. Preston

of Manchester Md

Seen by Coroner _____

of _____

Information contained in this certificate received from Laura L Bull

of Alsia Md

Name In Full

Certificate of Death

Aaron Burgoon

Died at Town: Mount Pleasant County: MARYLAND

Date 1904	Month: January 19	Age: Y. 65 M. 4 D. 18	Native of: Maryland	Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widow ~~Widower~~ | Divorced | Number of children living 3

Husband of ~~Wife~~ Kate Burgoon

Father's Name William Burgoon | Mother's Maiden Name Sarah Eckert

Cause of Death:

		How long sick
Primary	Pulmonary Congestion	Six Months
Immediate	Heart Failure	Accident, Suicide, Homicide

Reported by J J Stewart

Address Union Mills Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Francis L. Burgoon

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville Md. County: Carroll

Date of death 1904: Month: March Day: 17th

Age: Years: 79 Months: Days:

Sex: male

Color or Race: White

Birthplace:

Married, Single or Widowed: Married

Occupation: Huckster

Name of Wife or Husband:

Father's Name:

Father's Birthplace:

Mother's Maiden Name:

Mother's Birthplace:

Name of person giving In formation:

How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Senility

How long: 4 years

Immediate: Bronchitis

How long: 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Clement Clark M.D.

Address: Sykesville Carroll Co. Md.

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU A88910

Name in Full: Luther Thomas Cross

CERTIFICATE OF DEATH

MARYLAND

468

Died at: Town: Westminster; County: Carroll

Date of death 1904: Month: Mar; Day: 7; Age: Years: —; Months: 3; Days: 10

Sex: Male; Color or Race: Colored; Birthplace: Westminster

Occupation: —; Where Residing if not at place of death:

Married, Single or Widowed: Single; Name of Wife or Husband:

Father's Name: Luther Cross; Father's Birthplace: Westminster

Mother's Maiden Name: Ella May Myers; Mother's Birthplace: "

Name of person giving Information: Luther Cross; How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Bronchitis; How long: about 10 days

Immediate: Exhaustion; How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R. Forty, MD

Address: Westminster Md.

Accident or Suicide? —

PHYSICIAN OR CORONER

LIBRARY BUREAU Ad8816

Name in Full

Certificate of Death

George E Crouse

Died at Town: Mtairy County: Carroll MARYLAND

Date 1904 Month: Mar Day: 13 | Age Y. 61 M. D. | Native of Md | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of Wife Sarah Crouse

Father's Name Daniel Crouse | Mother's Maiden Name Sarah Molesworth

Cause of Death: Primary Paralysis | How long sick 3 weeks

Immediate | ~~Accident, Suicide~~, Homicide

Reported by W. E. Gaver

Address Mt. Airy Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: Meredith B Davis

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: Month: 3; Day: 24; 1964

Age: Years: 74; Months: —; Days: —

Sex: Male

Color or Race: White

Birthplace: Md

Occupation: Mechanic

Where Residing if not at place of death: Annapolis

Married, Single or Widowed: ~~Married~~, Single, or Widowed

Name of Wife or Husband: —

Father's Name: —

Father's Birthplace: —

Mother's Maiden Name: —

Mother's Birthplace: —

Name of person giving Information: —

How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Dementia

How long: 15 years

Immediate: Cystic Fetus

How long: 5 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. Clelland

Address: Sykesville Md

Filled 1904

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Mrs Lizzie Duerbeck

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Sykesville — County: Carroll

Date of death: Month: March — Day: 18 — Year: 1904

Age: Years: 38 — Months: 10 — Days:

Sex: Female — Color or Race: White — Birthplace: Hartford Co. Md.

Occupation: Housewife — Where Residing if not at place of death: Sykesville

Married, Single or Widowed: Married — Name of Wife or ~~Husband~~: Burke Duerbeck

Father's Name: Henry Bauers — Father's Birthplace: Germany

Mother's Maiden Name: Dora Schultz — Mother's Birthplace: Germany

Name of person giving Information: Mrs John Bauers — How related to deceased: Sister-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Grippe Complicated by Meningitis — How long: 16 Days

Immediate: Convulsions — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B. Sprecher

Address: Sykesville Md

~~Accident or Suicide?~~

LIBRARY BUREAU A88016

Name In Full

Certificate of Death

Frances Etchison

Died at Town Mt Airy County Carroll MARYLAND

Date 1904 Month Mar Day 1 | Age Y. 52 M. 4 D. 20 | Native of Md Occupation Housewife

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | Widow Widower | Divorced | Number of children living 12

~~Husband~~ Wife of Wesley Etchison

Father's Name Eleven Hood Mother's Maiden Name Caroline Smith

Cause of Death { Primary Stomach Trouble | Immediate | How long sick 3 weeks

~~Accident, Suicide, Homicide~~

1904

Reported by L J Lewis

Address Mt Airy Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893

Name in Full: George Henry Fair

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Taneytown — (County): Carroll

Date of death: Month: March — Day: 29 — Year: 1964

Age: Years: 50 — Months: 4 — Days: 5

Sex: Male — Color or Race: White — Birthplace: Taneytown Md

Occupation: Carpenter — Where Residing if not at place of death: Taneytown Md

Married, Single or Widowed: Married — Name of Wife or Husband: Laura B. Fair

Father's Name: George Henry Fair — Father's Birthplace: Taneytown

Mother's Maiden Name: Mary Magdalene Frock — Mother's Birthplace: Taneytown

Name of person giving Information: Charles Henry Fair — How related to deceased: Brother

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fracture Comp. R Leg et Contusis Back — How long: 6 days

Immediate: Blood clot of heart — How long: 1 hour

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles E Roop

Address: Taneytown Md

Accident or Suicide? accident

LIBRARY BUREAU A88816

Name in Full: Agnes Amelia Franklin

CERTIFICATE OF DEATH

MARYLAND

1404

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Westminster; County: Carroll

Date of death 1904: Month: Mar.; Day: 10.

Age: Years: 50; Months: 6; Days: 23

Sex: Female; Color or Race: White; Birthplace: Carroll Co.

Married, Single or Widowed: Married; Occupation: Housewife

Name of Wife or Husband: Dr. B. G. Franklin

Father's Name: Jeremiah Shuey; Father's Birthplace: Carroll Co.

Mother's Maiden Name: Agnes Amelia Shuey; Mother's Birthplace: Carroll Co.

Name of person giving Information: Dr. A. Lee Franklin; How related to deceased: Son

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Apoplexy; How long: 5 Min.

Immediate: Heart Exhaustion; How long: Don't Know

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Dr Matthias & Wells

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88519

Name in Full — Gilbert

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Wakefield — County: Carroll

Date of death 1904 — Month: mar — Day: 23 — Age: Years — Months: 7 — Days:

Sex: Male — Color or Race: White — Birthplace:

Married, Single or Widowed — Occupation:

Name of Wife or Husband:

Father's Name: Edward Gilbert — Father's Birthplace:

Mother's Maiden Name: Baust Church — Mother's Birthplace:

Name of person giving Information: Cora Babylon — How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary — How long:

Immediate: Brain fever — How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Dr Kemp

Address: Emmitsburg Md

Accident or Suicide?

LIBRARY BUREAU A88515

H. Bankard & Co
Undertakers
Fort Windsor
Mo

Name In Full

Certificate of Death
No. 99

Morris Green

Died at Town: Middleburg County: Carroll MARYLAND

Date 1904 Month: 3 Day: 30 | Age Y. 36 M. D. | Native of Md | Occupation Machinist

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~ 0

Husband of
Wife

Father's Name: Frederick Green

Mother's Maiden Name:

Cause of Death: Primary: Nephritis — How long sick: 4 mos

Immediate: Heart — Accident, Suicide, Homicide

Reported by: H. Burbin Brown M. D.

Address: Union Bridge. Carroll Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Harvard Divinity

Name in Full: Amelia Grolock

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Baughmans mills; County: Carroll

Date of death 1904: Month: March; Day: 4

Age: Years: 77; Months: 1; Days: 13

Sex: Female; Color or Race: White German; Birthplace: Germany

Married, Single or Widowed: Widow; Occupation: Housekeeper

Name of Wife or Husband: John Grolock

Father's Name:

Father's Birthplace: Germany

Mother's Maiden Name:

Mother's Birthplace: Germany

Name of person giving Information: Mrs Mary Grolock

How related to deceased: Daughter in Law

163

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Ulcer of Stomach; How long: 1 yr 7 months

Immediate: General Debility; How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: J. A. Preston M.D.

Address: Manchester

Accident or Suicide?

LIBRARY BUREAU A33810

Name in Full: Evaline Hackett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville; County: Carroll

Date of death: 1904; Month: Mar; Day: 27; Age: Years 40; Months —; Days —

Sex: Female; Color or Race: Black; Birthplace: Howard Co, Md

Occupation: Housewife; Where Residing if not at place of death: Sykesville

Married, Single or Widowed: Married; Name of Wife or Husband: Edward Hackett

Father's Name: Samuel Smith; Father's Birthplace: —

Mother's Maiden Name: Susan; Mother's Birthplace: —

Name of person giving Information: Edward Hackett; How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Consumption; How long: 2 years

Immediate: Oedema Lungs; How long: 2 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Daniel B Strecher

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A8U316

Name in Full: Christopher Hanson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville — County: Prince

Date of death 1904: Month: 3 — Day: 29

Age: Years: 63 — Months: — Days:

Sex: Male — Color or Race: White — Birthplace: Germany

Married, Single or Widowed: Married — Occupation: Plasterer

Name of Wife or Husband: Salvia Hanson

Father's Name: Chris Hanson Dec'd — Father's Birthplace: Germany

Mother's Maiden Name: E A Hanson — Mother's Birthplace: "

Name of person giving Information: Mrs A Parker — How related to deceased: Niece

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 1 wk

Immediate: Exhaustion — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jno H Bolte MD

Address: Hyattsville Md.

Accident or Suicide?

LIBRARY BUREAU A89518

Name in Full: Rebecca Harris

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Union Bridge; County: Carroll

Date of death 1904: Month: March; Day: 1; Age: Years: 75 —; Months; Days

Sex: Female; Color or Race: White; Birthplace: Pa

Married, Single or Widowed: Single; Occupation:

Name of Wife or Husband:

Father's Name: Benj Harris; Father's Birthplace: Pa

Mother's Maiden Name: Jane Hatton; Mother's Birthplace: Pa

Name of person giving information:

How related to deceased:

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia; How long: 10 days

Immediate: How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H. L. Fair

Address: Bridge

Union

Accident or Suicide?

LIBRARY BUREAU A83510

Name in Full: Sylvester G. Houck

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bachmans Valley — County: Carroll

Date of death: Month 3 Day 2 1904 — Age: Years 1 Months — Days —

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Carroll Co. Md

Occupation: — Where Residing if not at place of death: —

~~Married~~, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Monty Houck — Father's Birthplace: Carroll Co Md

Mother's Maiden Name: Mary J. Birely — Mother's Birthplace: " "

Name of person giving Information: — How related to deceased: —

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: — How long: —

Immediate: Spasms — How long: 3 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Ed. H. Grafft (Md)

Address: Union Mills Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Francis Kilrain

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Sykesville; County: Carroll

Date of death: Month: 1903 Mar 3rd; Day: 26; Years: Age 42; Months; Days

Sex: Male; Color or Race: White; Birthplace: Ireland

Occupation: Shoemaker; Where Residing if not at place of death:

Married, ~~Single~~ or Widowed; Name of Wife or Husband: ?

Father's Name: ?; Father's Birthplace: ?

Mother's Maiden Name: ?; Mother's Birthplace: ?

Name of person giving information:; How related to deceased:

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Alcoholic Dementia; How long: — 5

Immediate: Arterio-sclerosis; How long: 5

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Chas J. Casey

Address: Sykesville Md

Accident or Suicide?

LIBRARY BUREAU A66516

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Catherine King

Died at: Town: near Westminster — County: Carroll

Date of death: Month: Mar — Day: 10 — 1904

Age: Years: 68 — Months: 4 — Days: 21

Sex: Female — Color or Race: White — Birthplace: Carroll Co

Occupation: Housekeeper — Where Residing if not at place of death: Home

Married, Single or Widowed: Married — Name of Wife or Husband: David King

Father's Name: Martin Meuchey — Father's Birthplace: Carroll Co

Mother's Maiden Name: Julia Foreman — Mother's Birthplace: " "

Name of person giving In formation: David King — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

466

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Peritonitis — How long: 9 days

Immediate: Uremia — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Chas R Fouty M.D.

Address: Westminster Md.

Accident or Suicide? ——

LIBRARY BUREAU A68516

Name in Full: Noah Jonas Leister

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sanner — County: Carroll

Date of death 1904: Month: March — Day: 21 — Age: Years 5 3 — Months 2 — Days 21

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Farmer

Name of Wife or ~~Husband~~: Mary C. Toms

Father's Name: Nathaniel Leister — Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Keller — Mother's Birthplace: Maryland

Name of person giving information: Edward J. Leister — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Cardiac Asthma — How long: 8 years

Immediate: — How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: J. H. Sherman

Address: Manchester Md

Accident or Suicide?

LIBRARY BUREAU A69316

Name In Full

Certificate of Death

No 95

Mary Lewis

Died at Wetipquin Mills Town, Somerset County, MARYLAND

Date 1904 Month 3. Day 14 | Age Y. 76 M. D. | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | ~~Single~~ Married | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 4

~~Husband~~ Wife of Asberry Lewis

Father's Name | Mother's Maiden Name

Cause of Death: Primary Paralysis | How long sick 2 mos.

Immediate | Accident, Suicide, Homicide

Reported by Frank G. Shreve

Address Princess Bridge Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Certificate of Death

Thomas E Lowman

Town: Mtairy

County: Carroll

Died at: MARYLAND

Date 1904: Month: March; Day: 25

Age: Y. 71 M. D.

Native of: Md

Occupation: Huckster

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single

Widow / Widower

Divorced

Number of children living

Husband of – – – –

Wife

Father's Name: Perry G Lowman

Mother's Maiden Name: Eliza Hahn

Cause of Death: Primary: Gen Debility

How long sick: 4 mos

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by: L T Lewis

Undertaker

Address: Mtairy Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Jennie Newman

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Sykesville — County: Carroll

Date of death 1904: Month: B — Day: 23 — Age: Years: 5-2 — Months: — — Days: —

Sex: Female — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Single — Occupation: None

Name of Wife or Husband: —

Father's Name: Joseph Newman — Father's Birthplace: Baltimore

Mother's Maiden Name: Unknown — Mother's Birthplace: "

Name of person giving Information: Elias Ullman — How related to deceased: Brother in Law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Dementia — How long: 2 yrs

Immediate: Cerebral Embolii — How long: Four days.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Charles D. Hill

Address: Spring field State Hospital Sykesville Md

Accident or Suicide? No

PHYSICIAN OR CORONER

LIBRARY BUREAU A80018

Name in Full: Hughes, Rinnasam

CERTIFICATE OF DEATH

MARYLAND

Died ~~in~~ near — Town: Hood's Mill — County: Carroll

Date of death 1904 — Month: 3 — Day: 18 — Age: Years 39 — Months — — Days —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Housewife — Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~ — Name ~~of Wife or~~ Husband: Burgess William Hughes

Father's Name: William Sellman — Father's Birthplace: Md US

Mother's Maiden Name: Lizzie Brandenburg — Mother's Birthplace: Md US

Name of person giving information: Burgess Hughes Husband of Deed — How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Phlegmatia Dolens — V89. — How long: 3 weeks

Immediate: Embolism — How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. Frank Russ M.D.

Address: Taylorsville, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A88516

Name in Full

Certificate of Death

Elizabeth A. D. Neal

Town

County

Died at Sykesville

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1864.	Mar 31	Age 70			Md.	

Male / Female

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of

Wife

Father's Name Wm Gorsuch

Mother's Name

Cause of Death — Primary: Senile Dementia

Immediate: Exhaustion

1864

How long sick 1 yr

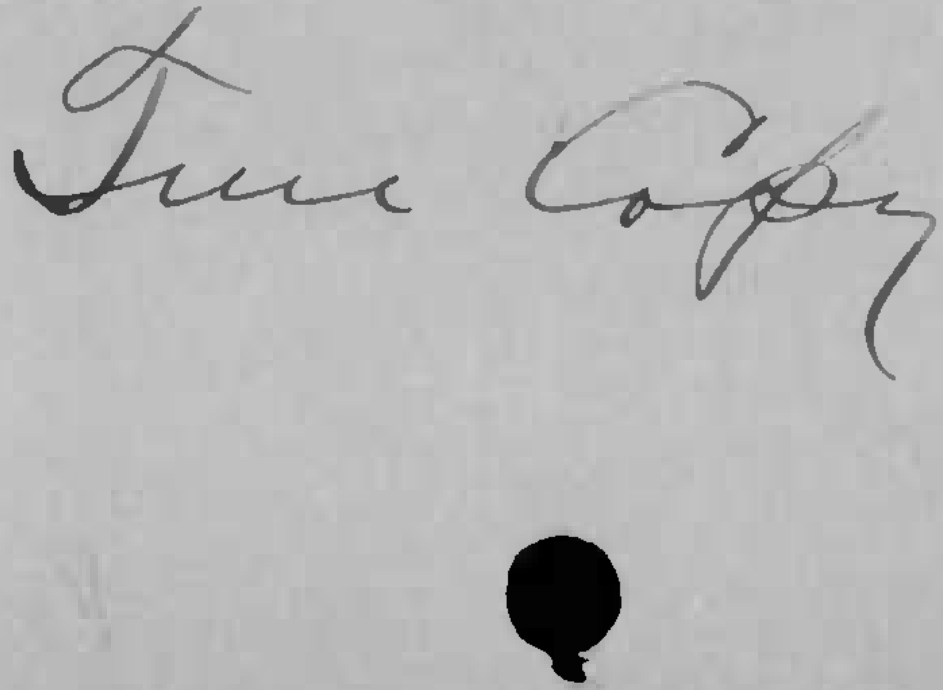
Accident, Suicide, Homicide

Reported by Jno M. Morrison

Address Sykesville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name In Full George J Pannabecker

Certificate of Death

Died at Town Baughmans County Carroll Md MARYLAND

Date 1904 Month March Day 7 | Age Y. 12 M. D. | Native of America | Occupation —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number Children living

Husband of
Wife

Father's Name George Pannabecker | Mother's Maiden Name Annie J Bullinger

Cause of Death — Primary: Strangury of bowels

Immediate: Obstruction

How long sick: Since Birth

Accident, Suicide, Homicide

Reported by J H Prestodus M D

Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Alice Ellen Virginia Rinehart

Died at Town: Mt Airy County: Carroll MARYLAND

Date 1904 Month: 3 Day: 31 | Age Y.: 69 M.: 6 D.: — | Native of: Maryland | Occupation: Milliner

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: Six

Husband of Wife: John B. Rinehart

Father's Name: Moses Vansant Mother's Maiden Name: Susan Frizzell

Cause of Death — Primary: Pulmonary — How long sick: one week

Cause of Death — Immediate: "Grippe

Accident, Suicide, Homicide

Reported by: L. F. Linus

Address: Mt Airy Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full Hilda May Rupp

Certificate of Death

Town Greenmount County Carroll County MARYLAND

Died at

Date 1904 Month 3 Day | Age Y. — M. 3 D. | Native of md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband of~~

~~Wife~~

Father's Name Wm. Rupp

Mother's Maiden Name Ellen Kagle

Cause of Death: Primary Marasmus

Immediate Emaciation

How long sick 5

~~Accident, Suicide, Homicide~~

Reported by Jacob Winkelmeier director

Address Manchester Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79899

Name in Full Shand.

Certificate of Death

Died at Town Laytonsville County Carroll MARYLAND

Date 19 04 Month 3 Day 18 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living

Husband of
Wife

Father's Name Clarence | Mother's Maiden Name Allie Eyler

Cause of Death — Primary none — How long sick

Immediate " Still Born — Accident, Suicide, Homicide

Reported by C. W. Warner

Address Laytonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full — Certificate of Death

Willie C. Shearer

Town — County

Died at Snydersburg — Carroll — MARYLAND

Date 1904 — Month March — Day 16 — Age Y. 22 M. - D. - — Native of Maryland — Occupation Cigar Maker

Male — ~~Female~~ — White — ~~Colored~~ — ~~Married~~ — Single — ~~Widow~~ — ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of
Wife

Father's Name James Shearer — Mother's Name Amelia Nagle

Cause of Death — Primary Complication of Disease — How long sick

Immediate Ruptured Appendix — 1 week

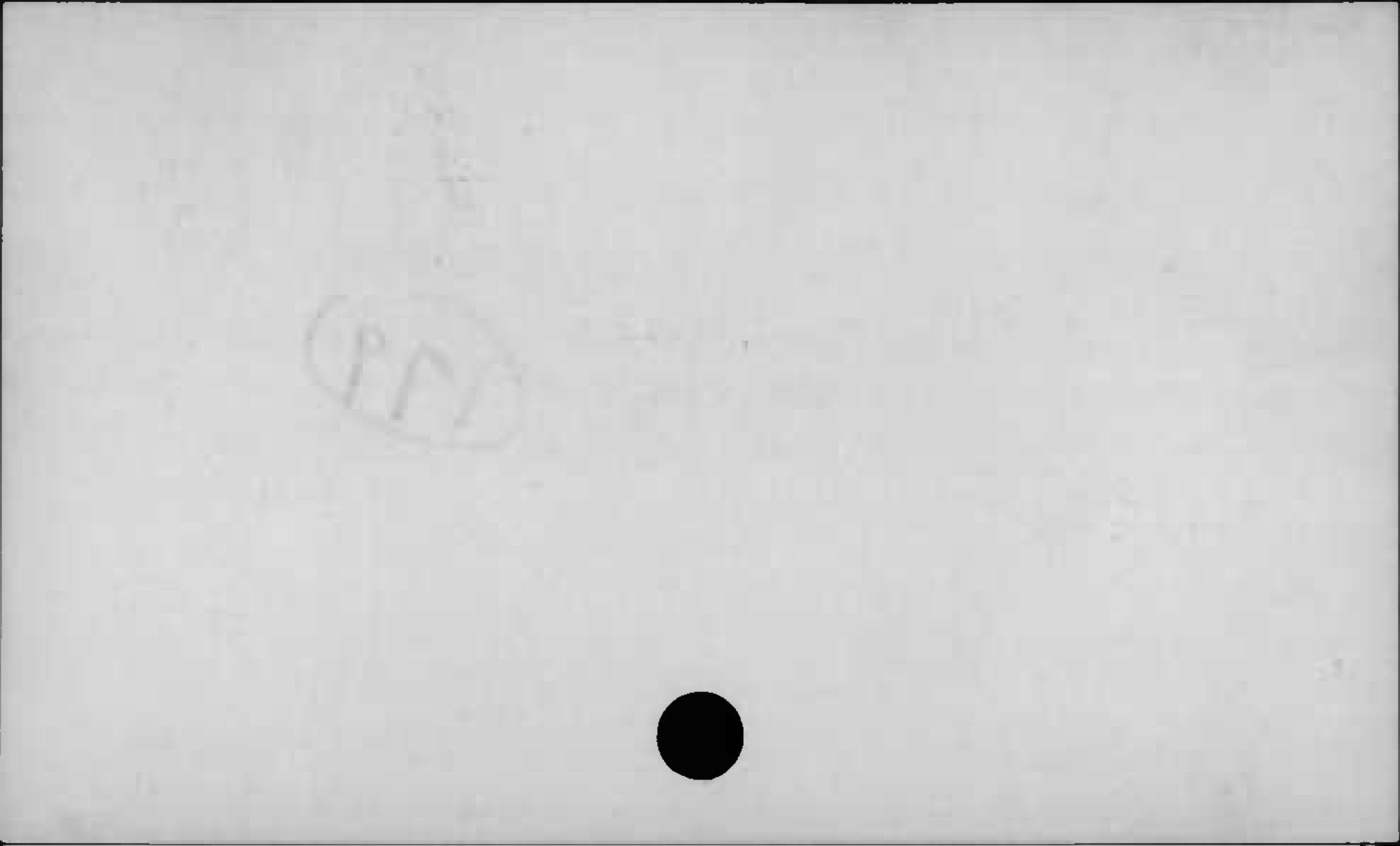
Accident, Suicide, Homicide

Reported by J. H. Sherman M.D.

Address Manchester Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706



Name in Full: William Shildt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died — Town: near Bruceville — County: Carroll

Date of death 190 4	Month	Day	Age Years	Months	Days
	mar.	3	68	7	13

Sex: Male. Color or Race: White. Birthplace: Maryland.

Married, ~~Widowed~~ Occupation: Farmer.

Name of Wife or Husband: Sophia Bostian.

Father's Name: Henry Shildt. Father's Birthplace: Maryland.

Mother's Maiden Name: Catharine Stonesifer. Mother's Birthplace: Maryland.

Name of person giving Information: Sophia Shildt. How related to deceased: wife.

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma. How long: Two weeks.

Immediate: ~~Found dead by wife at 5 A.M. Believed~~ to be Paralysis of heart. How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John S. Liggett, M.D.

Address: Ladiesburg. Frederick Co. Md.

Accident or Suicide?

LIBRARY BUREAU A58816

CERTIFICATE OF DEATH

MARYLAND

Name in Full: Alice Louise Shugars

Died at: Town: Hampstead. County: Carroll

Date of death 1904: Month: 3 Day: 19

Age: Years: 55 Months: 5 Days: 27

Sex: Female Color or Race: White Birthplace: Berlin, Pa.

Occupation: Housewife Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married Name or Wife or Husband: James L. Shugars

Father's Name: Father's Birthplace:

Mother's Maiden Name: Mother's Birthplace:

Name of person giving Information: Robt. T. Shugars How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Septicaemia How long: 11 dal

Immediate: Sanguine Moist How long: 2 dal

Are the name, age, sex, color, date and place correctly given above: Yes

Signature of Physician: Edgar M. Bush M.D.

Address: Hampstead. Md.

Accident or Suicide:

LIBRARY BUREAU A48016

Name In Full

Certificate of Death

97

Elizabeth Sink

Town

County

Died at Union Bridge Carroll MARYLAND

Month	Day	Y.	M.	D.
Date 1904	3	17	Age 80			

Native of Md

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 0

~~Husband~~ Wife of Uriah Sink

Father's Name

Mother's Maiden Name

Cause of Death: Primary — Dropsy.

Immediate

How long sick 6 mos.

Accident, Suicide, Homicide

Reported by Frank J. Shriner

Address Union Bridge Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989

Name in Full: Jacob Clark

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

463/

Died at: Town: Near Sandyville — County: Carroll

Date of death 1904: Month: March — Day: 24 — Age: Years: 76 — Months: — Days: 20

Sex: Male — Color or Race: White — Birthplace: Maryland

Married, Single or Widowed: Widower — Occupation: Laborer

Name of Wife or Husband: Sallie Saurer

Father's Name: John Clark — Father's Birthplace: Maryland

Mother's Maiden Name: Aunt Knard — Mother's Birthplace:

Name of person giving In formation: John Clark — How related to deceased: Son

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 2 weeks

Immediate: " — How long: "

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Jos. D. Hering MD

Address: Westminster

Accident or Suicide?

LIBRARY BUREAU A88918

Name in Full — Certificate of Death

Edwin Lewis Sberg

Died at Manchester — Town — County Carroll — MARYLAND

Date 189 4 — Month March 20 — Age Y. 5 M. D. — Native of Md — Occupation —

Male / ~~Female~~ — White / Colored — ~~Married~~ / Single — ~~Widow~~ / Widower — ~~Divorced~~ — ~~Number of~~ children living 5

Husband / Wife of —

Father's Name Wm H Sberg — Mother's Name Margarette B Leffler

Cause of Death — Primary Open Head — How long sick 2 days

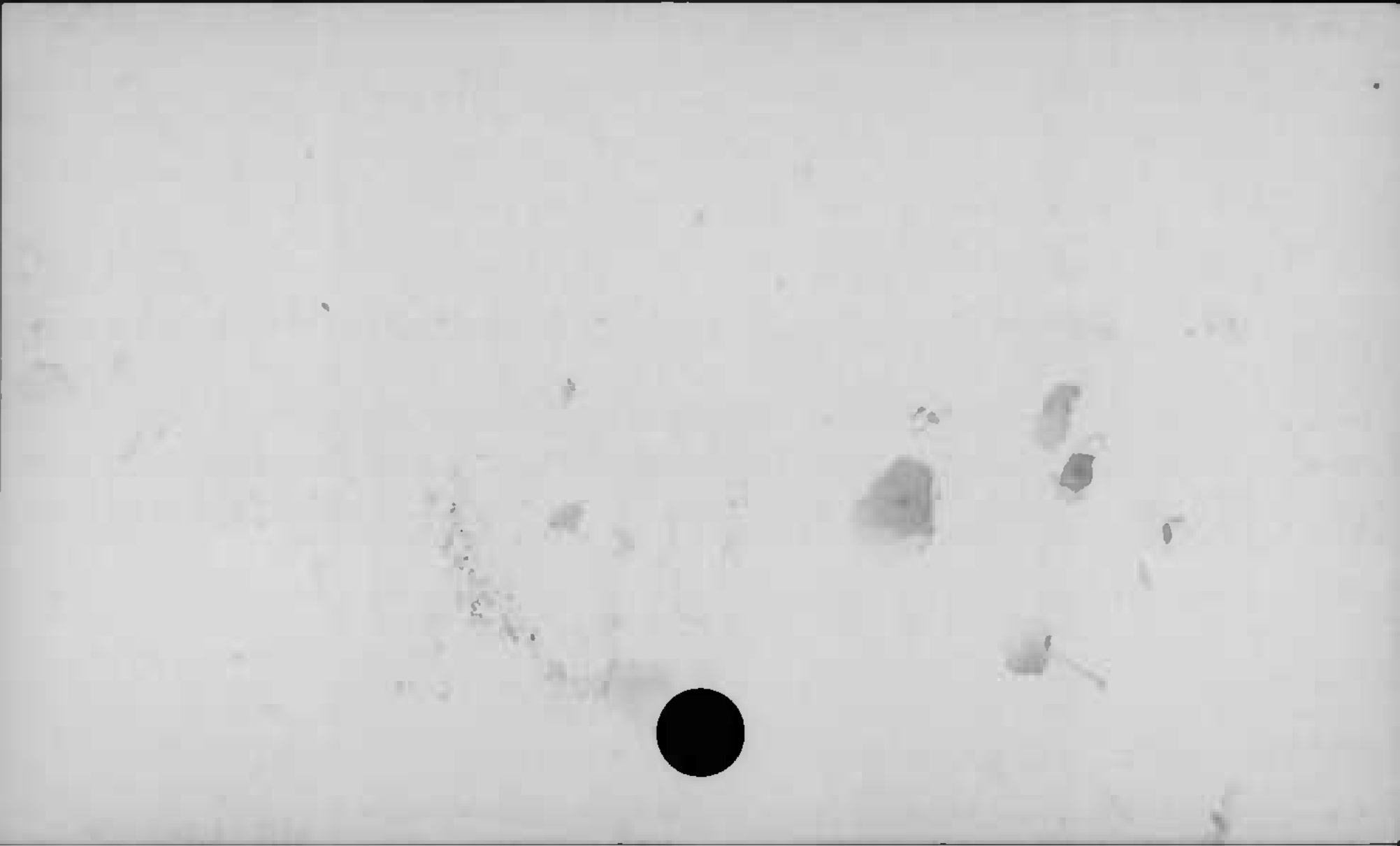
Immediate — Accident, Suicide, Homicide

Reported by J H Sherman M.D.

Address Manchester — Carroll Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

Margeria Anna Utermahlen

Died at Town: Uniontown County: Carroll MARYLAND

Date 19 04 Month: Feb Day: 29

Age: Y. 8 M. 2 D. 5

Native of: Md.

Occupation: None

~~Male~~ Female

White ~~Colored~~

~~Married~~ Single

~~Widow~~ Widower

~~Divorced~~ Number of children living

Husband of
Wife

Father's Name: Luther Utermahlen

Mother's Maiden Name: Celia E. Engleman

Cause of Death: Primary: Teething

Immediate: Convulsions

How long sick: 3 days.

Accident, Suicide, Homicide

Reported by: L. Kemp

Address: Uniontown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full: Sarah A. Welch

CERTIFICATE OF DEATH

MARYLAND

476

Died in Town: Near Westminster County: Carroll

Date of death 19 04: Month: March Day: 30 Age: Years: 24 Months: 11 Days: 12

Sex: Female Color or Race: White Birthplace: Maryland

Married, Single or Widowed: Widow Occupation:

Name of ~~Wife~~ Husband: Samuel L Welch

Father's Name: George Ogg Father's Birthplace: Maryland

Mother's Maiden Name: Elizabeth Kapfle Mother's Birthplace: Deb

Name of person giving Information: Martica Welch How related to deceased: Dau

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: La Grippe How long: 5 weeks

Immediate: Heart Failure How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: T. J. Coonan M.D.

Address: Westminster

Accident or Suicide?

PHYSICIAN OR CORONER

LIBRARY BUREAU Ap6916

Name in Full (Infant) White

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Dykeville — County:

Date of death: Month: Mar — Day: 20 — Year: 1904 — Age: Years: — Months: 2 — Days: 10

Sex: Female — Color or Race: Colored — Birthplace: Dykeville

Occupation: — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles White — Father's Birthplace: Virginia

Mother's Maiden Name: Minnie Johnson — Mother's Birthplace: Carroll Co

Name of person giving Information: Chas White — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia 93 — How long: 3 days

Immediate: — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Daniel B. Groechen

Address: Dykeville

Accident or Suicide?

LIBRARY BUREAU A83818